

11-03-04

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34013 7590 10/06/2004

HOLME ROBERTS & OWEN, LLP
 299 SOUTH MAIN
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 SALT LAKE CITY, UT 84111

11/04/2004 MHEKONE1 00000138 082665 10771553

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(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/771,553	02/04/2004	James E. Moon	48900-01018	3925

TITLE OF INVENTION: MICROFABRICATED ELECTROSPRAY DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$685	\$300	\$985	01/06/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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SMITH, JOHNNIE L	2881	250-288000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>Holme Roberts & Owen LLP</u> 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed in recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Advan BioSciences, Inc.

Kionix, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ithaca, New York

Ithaca, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment. Deposit Account Number 08-2665 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature David O. SeeleyDate November 2, 2004Typed or printed name David O. SeeleyRegistration No. 30,148

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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EXPRESS MAIL LABEL NO.: EV 483617179 US

US PATENT APPLICATION
Docket No. 48900-01018

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Moon, James E., et al.)
Application No.: 10/771,553)
Confirmation No.: 3925)
Filing Date: February 4, 2004)
For: MICROFABRICATED ELECTROSPRAY)
DEVICE)
Examiner: Smith, Johnnie L.)

CERTIFICATE OF EXPRESS MAIL

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1. Part B Fee(s) Transmittal
2. Return Receipt Postcard

Dated this 2nd day of November, 2004.


Nancy Flannigan
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